

Registration Form & Fees

One registrant per form

MINNESOTA WING CONFERENCE

2 – 4 MAY 2003

(Please Print Clearly):

☐ I'm staying at Resort Adult rank _____
☐ I'm staying at Home Name _____ Cadet rank C/ _____
☐ This is my 1st Conference Address _____
I am a civilian guest of: City _____ State _____ Zip code _____
Home phone (_____) _____ Unit _____
(NAME not number)
E-mail address _____

	Enter # of Tickets ↓	# Tickets x Cost = the ↓ dollar amount
Saturday continental breakfast	# _____ x (\$ 7)	= \$ _____
Sunday continental breakfast	# _____ x (\$ 7)	= \$ _____
Saturday Banquet Beef & Chicken combo	# _____ x (\$24)	= \$ _____
Saturday Banquet Vegetarian lasagna	# _____ x (\$20)	= \$ _____
Saturday Banquet for Children age 10 or less.....	Chicken Strips # _____ x (\$12)	= \$ _____
Military Ball	# _____ x (\$ 5)	= \$ _____
REGISTRATION Post marked <u>before</u> 1 April 2003.....	(\$15)	= \$ _____
Post marked or on-site <u>after</u> 1 April 2003	(\$40)	= \$ _____

Check# _____ Name of Check preparer if different than registrant: _____
(please print) _____

No Cash!
No Credit Cards!
Check or MO only

Total Payment = \$ _____
Make check payable to:
"Minnesota Wing CAP"

VERIFY YOUR MATH

UNDER PAYMENT WILL BE COLLECTED – OVERPAYMENT OF \$10 OR LESS WILL BE ACCEPTED AS A DONATION

PARENT OR GUARDIAN AUTHORIZATION: My under age 18 son/daughter (circle one) has my permission to attend this Conference. I will be responsible for arranging their travel and lodging. My child will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc. If he/she does not follow the rules, regulations, and directives, he/she may be sent home at my expense. In case of injury, disease or other illness, permission is hereby granted to transport my child to a medical facility for treatment as required. All medical treatment and/or transportation will be my financial responsibility.

Printed name of parent or guardian _____ Phone (_____) _____
Signature of Parent or Guardian _____ Date _____
Medical Insurance Company name _____ Policy # _____

UNIT COMMANDER AUTHORIZATION FOR ALL CADETS & THEIR GUESTS:

This individual understands the Conduct Rules, has my permission to attend and meets the attendance minimum eligibility requirements. The accompanying senior member chaperone is (print name):

→ _____

Print name of Commander: _____ Signature _____
(may not be delegated below unit commander)

Mail this ENTIRE form with one check per form to Major Victoria Rock, 2404 Hillsboro Ave. N., Mpls, MN 55427.
With registration questions, contact her at 763-541-9396 or vicdenrock@juno.com.

USE PHOTOCOPIES OF THIS FORM FOR EACH REGISTRANT